# cureCADASIL DISCLOSURE FORM

**Date:** 9/5/2025

**Your Name:** Hugues Chabriat

**Your Role in cureCADASIL:** Scientific Advisory Board

We ask you to disclose any and all relationships, activities, and interests listed below; This includes any relation with for-profit or not-for-profit third parties whose interests may be affected by your work with cureCADASIL and vice versa. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship, activity, or interest, it is preferable to do so. For all items, the time frame for disclosure is the past 36 months.

| | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your company or institution)** |
|---|---|---|---|
| **Time frame: past 36 months** | | | |
| **1** | Salary, grants or contracts from any entity. | ☐ **None** | |
| | | Université Paris Cité and Assistance Publique Hopitaux de Paris | |
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| **2** | Royalties or licenses | ☒ **None** | |
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| **3** | Consulting fees | ☐ **None** | |
| | | HOVID in 2025 | |
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| **4** | Payment or honoraria for lectures, presentations, or educational events | ☒ **None** | |
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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your company or institution) |
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| **5** | Patents planned, issued or pending | ☒ **None** | |
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| **6** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |
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| **7** | Stock or stock options | ☒ **None** | |
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| **8** | Other financial or non-financial interests* | ☒ **None** | |
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*Non-financial interests may result from activities such as planning and participating in research studies, public advocacy, or expression of opinions, or beliefs (religious, political, and philosophical).

**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

This form was adapted from the International Committee of Medical Journal Editors (ICMJE | Disclosure of Interest).